

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Ending Spending, Inc.(b) Address (number and street) ☐ check if different than previously reported
815 Slaters Lane

(c) City, State and ZIP Code

Alexandria

VA

22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001929**3. Is This Statement**☐**New**

or

☒**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y
09 / 30 / 2014

through

M M M / D D D / Y Y Y Y Y
10 / 03 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y
10 / 02 / 2014**(b) Communication Title** Time to Act**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Nancy H. Watkins

(b) Address (number and street)

610 S. Boulevard

(c) City, State and ZIP Code

Tampa

FL 33606

(d) Name of Employer or Principal Place of Business

Robert Watkins & Company

(e) Occupation

C.P.A.

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

1105537.35

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nancy H. Watkins

SIGNATURE

Nancy H. Watkins

[Electronically Filed]

DATE

11/26/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control**A.** (a) Name **Transaction ID : F91.4098**

Todd Ricketts

(b) Address (number and street) 815 Slaters Lane

(c) City, State and ZIP Code

Alexandria

VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

B. (a) Name **Transaction ID : F91.4097**

Brian Baker

(b) Address (number and street) 815 Slaters Lane

(c) City, State and ZIP Code

Alexandria

VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

PAGE 3 OF 4

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media, LLC <hr/> Mailing Address of Payee 66 Canal Center Plaza Suite 555 <hr/> City: _____ State: _____ Zip Code: _____ Alexandria VA 22314 <hr/> Name of Employer: _____ Occupation: _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 30 / 2014 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 505207.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 02 / 2014 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) media placement 'Time to Act'				Transaction ID : F93.4103	
Name of Federal Candidate Jeanne Shaheen		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NH</u> District: <u>00</u>		Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.4104F93.4103					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

B. Full Name (Last, First, Middle Initial) of Payee Crossroads Media, LLC <hr/> Mailing Address of Payee 66 Canal Center Plaza Suite 555 <hr/> City: _____ State: _____ Zip Code: _____ Alexandria VA 22314 <hr/> Name of Employer: _____ Occupation: _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 02 / 2014 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 538600.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 02 / 2014 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) media placement 'Time to Act'				Transaction ID : F93.4105	
Name of Federal Candidate Jeanne Shaheen		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NH</u> District: <u>00</u>		Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.4104F93.4105					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1043807.00 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

SCHEDULE 9-B

PAGE 4 OF 4

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media, LLC <hr/> Mailing Address of Payee 66 Canal Center Plaza Suite 555 <hr/> City State Zip Code Alexandria VA 22314 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) media placement 'Time to Act'			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y 10 / 03 / 2014 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50025.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y 10 / 03 / 2014 </div>	
Transaction ID : F94.4104F93.4107 Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>NH</u> Jeanne Shaheen <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President			Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Whalen, Inc. <hr/> Mailing Address of Payee 1850 M Street, N.W. Suite 235 <hr/> City State Zip Code Washington DC 20036 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) media production 'Time to Act'			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y 10 / 03 / 2014 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11705.35 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y 10 / 02 / 2014 </div>	
Transaction ID : F94.4104F93.4106 Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>NH</u> Jeanne Shaheen <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President			Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 61730.35 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1105537.35 </div>